

CITY OF SAN DIEGO COMMISSION FOR ARTS AND CULTURE
CREATIVE COMMUNITIES SAN DIEGO PROGRAM
REQUEST FOR PAYMENT FORM

Request period:

			through			
Month	Day	Year		Month	Day	Year

Contract Information:

Fiscal Year		Amount of Funding	
Contract #		Minimum Required Match	

Organizational Information:

Organization		
Mailing Address		
City, State, Zip		
Person completing this form	Name	
	Title	
	Telephone	
	Fax	
	Email	

Project Budget Table: Column F to be completed ONLY WITH Final Request for Payment

Column A	Column B	Column C	Column D	Column E	Column F
Expense Classification	How Arts and Culture Funds will be used	Arts and Culture Payments Received to Date	Total Expenses for this Period	Expenses to be Reimbursed this Period	Total Project Expenses for the Year
Personnel (Wages and Benefits) ////////////////////////////////////					
Artistic/Entertainment (A)					
Administrative (AD)					
Event Organizer (EO)					
Technical/Production (TP)					
Security/Cleaning Crews (SC)					
Other (OP)					
Personnel Subtotal					
Operating Expenses (Non-personnel) ////////////////////////////////////					
Facility/Space/Rent (FS)					
Marketing/Publicity (MP)					
Materials/Supplies (MS)					
Fundraising (FR)					
Other (OO)					
Operating Subtotal					
Total					
	Total should equal Arts and Culture award.			Total should equal request for this period.	Total should equal total project expenses.

Expenses (to be reimbursed) Detail Table Instructions:

Please use the table below to provide details for each expenditure for which you are claiming a reimbursement. Use the "Expense Classification Code Letters" provided below to classify each expenditure. These code letters are the same as the ones that appear next to each budget line classification on page 1 of this form as well as those used on the Exhibit A Form. If you need additional space to detail your expenses, you may attach additional pages. Retain a copy for your records.

Expense Classification Code Letters**Personnel – Wages & Benefits**

A	Artistic/Entertainment
AD	Administrative
EO	Event Organizer
TP	Technical/Production
SC	Security/Cleaning Crews
OP	Other (Personnel)

Operating – Non-Personnel

FS	Facility/Space/Rent
MP	Marketing/Publicity
MS	Material/Supplies
FR	Fundraising
OO	Other (Operating)

Expenses (to be reimbursed) Detail Table: You should enter information into this table ONLY IF you are requesting reimbursement for the listed expenditure. You may submit additional pages, if necessary.

Check #	Date	Vendor	Amount	Code Letter

Match Detail Table: Use the table below to provide information about your match for THIS request period. You may submit additional pages, if necessary.

Date	Source	Amount
Total		

Authorization

I hereby affirm that I am authorized to enter into legal contracts on behalf of the above organization and that all information provided in this request is true and accurate, and I hereby request the above payment amount.

Signature	Date
Print Name	Title
Approved	Date

Victoria L. Hamilton, Executive Director, City of San Diego Commission for Arts and Culture

Print, sign and mail this form to: Contracts Coordinator, Commission for Arts and Culture, 1200 Third Avenue, Ste. 924, San Diego, CA 92101-4106